

Docket No.: E7900.2048/P2048
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Ralf Kuehner et al.

Application No.: 10/599,672

Confirmation No.: 2692

Filed: October 5, 2006

Group Art Unit: n/a

For: APPLIANCE FOR WATER-JET SURGERY

Examiner: Not Yet Assigned

**RE-SUBMISSION OF REVOCATION OF PRIOR POWER OF ATTORNEY AND
APPOINTMENT OF NEW ATTORNEY AND STATEMENT UNDER 37 CFR 3.73(b)**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a Revocation of Prior Power of Attorney and Appointment of New Attorney and Statement Under 37 CFR 3.73(b) in relation to the above-captioned matter. These documents were originally submitted to the USPTO on October 11, 2007. However, it appears that the USPTO has mistakenly associated the present application with an erroneous customer number. Thus, Applicants hereby re-submit the documents and respectfully request that the Practitioners at Customer Number **24998** be appointed as attorneys of record, as reflected in the attached Revocation of Prior Power of Attorney and Appointment of New Attorney.

In addition, please change the Attorney Docket Number for all correspondence associated with this patent application to Attorney Docket Number E7900.2048/P2048.

Dated: July 1, 2008

Respectfully submitted,

By 
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REVOCATION OF PRIOR POWER OF ATTORNEY AND APPOINTMENT OF NEW ATTORNEY	Application No.	10/599,672
	Filed	October 5, 2006
	First Named Inventor	Ralf Kuehner
	Title	APPLIANCE FOR WATER-JET SURGERY
	Group Art Unit	n/a
	Examiner Name	n/a
	Attorney Docket No.	E7900.2048/P2048

I hereby revoke all powers of attorney previously granted and hereby appoint:

☒ Practitioners at Customer Number 24998

Customer Number

OR

☐ Practitioner(s) named below:

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Customer Number Bar Code

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☒ Practitioners at Customer Number 24998

Customer Number

OR

--

Customer Number Bar Code

☐ Firm or Individual Name Gianni Minutoli
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Address 1825 Eye Street, NW

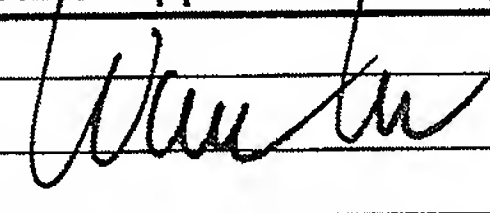
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Christian Erbe
Signature	
Date	09/27/07

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below*.

☐ *Total of 1 forms are submitted.